



Macomb County Discount Dental Plan

Please PRINT and return form with payment

Last Name: _____ First Name: _____

Date of Birth _____
(Month/Date/Year)

Address _____ City _____ Zip Code _____

Phone Number _____

Additional Members in Household:

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

If you need to list additional family members, please attach a separate sheet of paper.

Send completed application and money order or cashier's check for \$69 made payable to Macomb County Discount Dental Plan to:

Macomb County Discount Dental Plan
Department of Senior Citizen Services
21885 Dunham Road, Suite 6
Clinton Township, MI 48036

Do **NOT** send cash or personal or business checks.

QUESTIONS? Call 586-469-6313